



# ALDEN AURORA GAS COMPANY, INC.

## Employment Application

Qualified applicants receive equal consideration. No question is asked for the purpose of excluding any applicant due to race, color, national origin, religion, age, sex, disability, veteran status, or any other characteristic protected under local, state or federal law. WE ARE AN EQUAL OPPORTUNITY EMPLOYER.

APPLICANT INFORMATION		
Last Name	First	M.I.
Street Address		Apartment/Unit #
City	State	Zip
Phone	E-mail Address	
Social Security No.	Date Available	Desired Salary
Position Applied for		
Do you wish to work: Part Time <input type="checkbox"/> Full Time <input type="checkbox"/>		
Are you a citizen of the United States? YES <input type="checkbox"/> NO <input type="checkbox"/> If no, are you authorized to work in the U.S.? YES <input type="checkbox"/> NO <input type="checkbox"/> Note: You will be required to furnish documents to verify your eligibility for employment in accordance with the Immigration Reform and Control Act and your employment is contingent upon furnishing such documents.		
Are you at least 18 years of age? YES <input type="checkbox"/> NO <input type="checkbox"/>		
Have you ever worked for this company? YES <input type="checkbox"/> NO <input type="checkbox"/> If so, when?		
Have you ever been convicted of a crime or are there any pending charges against you? Note: A conviction does not automatically bar you from employment		
YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, include details _____ _____		
If you are an experienced operator of any office machines or equipment, please list: _____ _____		
Do you have any other skills you wish to mention? _____ _____		
Are you presently employed? YES <input type="checkbox"/> NO <input type="checkbox"/> If so, may we contact your present employer? YES <input type="checkbox"/> NO <input type="checkbox"/>		
What source led you to make application with us?		

EDUCATION				
High School		Address		
From	To	Did you graduate?	YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree
College		Address		
From	To	Did you graduate?	YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree
Other		Address		
From	To	Did you graduate?	YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree

MILITARY SERVICE	
Branch	From To
Rank at discharge	Type of discharge
If other than honorable, explain	
Skills acquired	

EMPLOYMENT HISTORY			
Please list your <u>complete</u> employment history. List present or most recent employer first. Use an additional page, if necessary.			
Employer		Phone ( )	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Employer		Phone ( )	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			

**EMPLOYMENT HISTORY CONTINUED**

Employer		Phone (    )	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference?    YES <input type="checkbox"/> NO <input type="checkbox"/>			

**REFERENCES**

*Please list three professional references.*

Full Name	Relationship
Company / Occupation	Phone (    )
Address	
Full Name	Relationship
Company / Occupation	Phone (    )
Address	
Full Name	Relationship
Company / Occupation	Phone (    )
Address	

**DISCLAIMER AND SIGNATURE**

I certify that the answers given by me to the foregoing questions and statements are true and correct to the best of my knowledge without consequential omissions of any kind. I agree that the Company shall not be held liable in any respect if my employment is rejected or subsequently terminated because of false statements, answers or omissions made by me in this application. I understand that any misleading or incorrect statements may render this applications void, and if employed, may lead to employment termination. I understand that a medical examination based on the requirements of the position for which I am being considered may be required, and drug testing may be included as part of the regular pre-employment physical. I also voluntarily and knowingly authorize the companies, schools or persons named above to give any information requested regarding my former employment, character and qualifications. I hereby voluntarily and knowingly fully release and discharge, absolve, indemnify, and hold harmless said companies, schools or persons from any and all liability for any damages for issuing this information, except for the malicious and willful disclosure of derogatory facts concerning my employment made for the express purpose of preventing me from obtaining employment, which the party disclosing such facts knows to be untrue. In consideration of my employment, I agree to conform to the rules and regulations of this organization. My employment and compensation can be terminated with or without cause and with or without notice, at any time, at the option of either my employer or myself.

Signature

Date